

Course Registration Form: Spring 2002

STUDENT INFORMATION

Please Print

NAME: _____

SOCIAL SEC. #: _____

DEPT./EMPLOYER: _____

TELEPHONE (WORK): _____

TELEPHONE (HOME): _____

HOME ADDRESS: _____

E-mail Address: _____

METHOD OF PAYMENT

_____ Check Payable to Office of State Personnel

Check Number: _____

_____ Authorization to Invoice Department for:

() Course fee () Textbook fee

P.O. Information (Contact Person, Address)

Budget Code: _____ P.O. #: _____

Miscellaneous: _____

Supervisor Approval: _____

Departmental Coordinator: _____

List Each Course and the Registration Fee

Course Code (Example: (CIS 275-60))

Course Title (Example: Discover the Internet, Level I)

1. _____

2. _____

3. _____

TOTAL AMOUNT DUE:

Please Read and Sign Below

1. Make check payable to the **Office of State Personnel** or provide P.O.# and authorization signatures.
2. Mail or deliver the registration form & check to : Professional Skills Program, OSP-HRD, 101 West Peace Street, Raleigh, NC 27603-1127
3. Substitutions/Cancellation/Refund Policies: You may cancel your registration up to 10 business days before the course begins, and your registration fee will be refunded less a \$15 administrative fee. If you need to cancel less than 10 business days prior to the course start date, you may send a substitute.

I understand and accept the **Professional Skills Program** registration policies as outlined.

Signature: _____ Date: _____

Please advise if classroom assistance or specific accommodations are required for:

_____ Interpreter _____ Wheelchair _____ Other: _____

